

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

| | | | |
|---|---|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> | | NOV 10 1986 | |
| 2. NAME OF OPERATOR | | El Paso Natural Gas Company | |
| 3. ADDRESS OF OPERATOR | | Post Office Box 4289, Farmington, NM 87499 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | 1270'S, 700'W | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, ST, GR, etc.) 6974'GL | | |
| 5. LEASE DESIGNATION AND SERIAL NO. SF 079250 | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME San Juan 28-5 Unit | | 8. FARM OR LEASE NAME San Juan 28-5 Unit | |
| 9. WELL NO. 96E | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-28-N, R-5 -W N.M.P.M. | | 12. COUNTY OR PARISH Rio Arriba | |
| 13. STATE NM | | | |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

It is intended to set a cement retainer at 8300' to isolate a water bearing zone, thereby improving production in this well.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature]

TITLE Drilling Clerk

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

| | |
|----------------|----------|
| APPROVED | |
| DATE | 10-24-86 |
| [Signature] | |
| FARMINGTON, NM | |

*See Instructions on Reverse Side
NMOC